## STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Karer	Soucy		No. 40 2015		
II. Name of lobbyist's partnership	, firm or corporation, if an	y:			
Bianco Professional Association					
(Name of partnershi	p, firm or corporation)				
18 Centre Street	Concord	NH	03301		
Business Address: (Street)	(Town/City)	(State)	(Zip Code)		
(603 <u>225-7170</u> (Telephone)	(603) <u>226-0165</u>	e-mail <u>ksouc</u> y	@biancopa.com		
III. This statement covers: (Choos reportable expense transactions w	hich are not attributable to	any one client).			
All reportable transactions occur	ring in the months prior to th	e reporting date relative to the	ne following client:		
(Full Name o  OR  M All reportable transactions by the unrelated to any particular client.	f Client as it appears on the Lob		g firm listed below which are		
October 25	registration to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30/17  January 31, 2018 1 activity from 10/1/17 to 12/31			
V. There have been no fees recolf this box is checked, complete just Concord, NH 03301					
VI. Check if additional reports are	e attached:				
☐ If you have received fees or ma		e <b>Addendum A</b> – Fees and E	xpenses		
☐ If you have paid an honorarium Expense Reimbursement	or reimbursed expenses, you	must file Addendum B Re	eport of Honorariums or		
If you, your firm, or your family	has made political contribut	ions, you must file Addendu	ım C– Political Contributions		
Sworn Statement/Affirmation by I have read R&A 15, RSA 15-B, RS and complete to the best of my know (Signature of lobbyist)	A 14-C and RSA 664 and her vledge and belief.	reby swear or affirm that the			
Karen Soucy					
(Print Name of lobbyist)					



## STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

	sional Association ership, firm or corporation)		
III. Name of Client			Date10/19/2017
Political Contributions For each political contributi client/lobbyist and lobbying	•		oter 664 paid on behalf of the
Full name of candidate: <u>C</u>		t House Democrats	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	SU.UU	Office Candidate is Seeking	
actual cost of the in-kind contrenter an estimated value and th	ibution on the line aborne word "estimate."	ve for amount of contrib	ution. If the actual cost is not known
actual cost of the in-kind contrenter an estimated value and the	ibution on the line abo	ve for amount of contrib	ution. If the actual cost is not known
actual cost of the in-kind contrenter an estimated value and the	ibution on the line abo	ve for amount of contrib	ution. If the actual cost is not known
enter an estimated value and th	ibution on the line above word "estimate."  (Last Name)	ve for amount of contrib	ution. If the actual cost is not known
actual cost of the in-kind contrenter an estimated value and the Full name of candidate:  Amount of contribution \$	(Last Name)  I contribution, provide ibution on the line abo	(First Name)	ution. If the actual cost is not know

*	The state of the s
(If more than three contributions were made, report addition	nal contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
Sword Statement Annihilation by Lobbyist	
	d hereby swear or affirm that the foregoing information
is true and complete to the best of my knowledge	e and belief.
4	
	10/19/2017
(Signature of loboyist)	(Date)